

State Employee Health Plan

Plan Year 2020 Non State Employer Group Information

Visit us online at:

www.kdheks.gov/hcf/sehp/default.htm

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The State Employee Health Plan (SEHP) is a self-insured program governed by the Kansas State Employees Health Care Commission (HCC). The HCC was established in 1984 by the legislature for the purpose of developing and providing for implementation and administration of a comprehensive health benefit program through the SEHP. This health benefit program is for State of Kansas employees and retirees as well as employees and retirees of other eligible public entities who have elected to participate in the SEHP.

The SEHP has offered self-insured programs since the early 1990's, but went fully self-insured on all medical plans as of January 1, 2008. Being a self-insured program means rather than paying a premium and transferring the risk to an insurance company, the state and affiliated non state entities and their employees pay monthly contributions. Claims for all eligible members are paid out of these contributions. In the event that the SEHP should have insufficient funds to pay claims, the State and affiliated non state groups could be assessed an additional amount determined by the HCC. To date, the HCC has never made such an assessment. Interested parties can track the funding balances by reviewing the HCC minutes [here](#):

In 1999, the HCC established administrative procedures and eligibility requirements to allow for inclusion of Unified School Districts, community colleges, technical colleges and vocational technical schools into the SEHP. K.A.R. 108-1-3 outlines these requirements. The HCC expanded the program to include public entities (cities, counties, townships, etc.) under K.A.R. 108-1-4. The HCC is responsible for determining eligibility of public employers to participate while maintaining the integrity of the SEHP, and in compliance with the criteria outlined K.S.A. 75-6506. The group eligibility criteria outlined in K.S.A. 75-6506 is included in this packet.

State Employees Health Plan – Non State Groups

Choice is important to employees. Therefore, SEHP provides different medical vendors from which participating employees may choose coverage. SEHP provides a complete package of benefits with medical, prescription drug, dental and vision coverage options available. The health care options are summarized in this packet.

- Participants enrolled in the medical coverage are automatically enrolled in the prescription drug benefit.
- Employees electing medical coverage will have the option to elect or waive dental coverage.
- An employee can choose dependent dental if the dependents are covered under the medical plan.
- The vision plan is an optional program. Participants may choose vision coverage regardless of what they select for their medical or dental plan.
- An open enrollment period is held each year in October so members can make health plan selections to meet their needs.
- Non State groups are responsible for educating their employees about the SEHP options during open enrollment.

The employer contribution of premiums is a calculated composite rate determined by the Health Care Commission. The Non-State employer rate reflects the State of Kansas' contribution towards state employees. The employer premium contribution is subject to change annually on 1 July. The employer contribution amount is the same regardless of health plan chosen. If the Commission changes the employer contribution rates during the standard 3-year contract period, all participating employers will be required to meet the changed contribution rates.

For new groups enrolling there are “ramp-up” options available if the public employer cannot otherwise meet the contribution requirements. The “ramp-up” option is a budgetary method of starting at a lower employer contribution amount and increasing the amount over two or three fiscal years (up to five years for dependents) to meet the state's required contribution. The employee rate will be increased by the difference between the state's required contribution amount and the “ramp-up” option used. If any “ramp-up” option is used, the contract period is five calendar years; otherwise the contract is for three calendar years.

Documentation Requirements for Enrollment

Employees must provide:

- A copy of their original state marriage certificate – if covering a spouse. A copy of first and last page of the most recent Federal Income Tax form may be used in place of a marriage certificate.
- Copy of birth certificates, if covering children. Birth certificate must list the names of the father, mother and child.
- Social Security Numbers for everyone covered under the policy.
- Medicare information, if Medicare eligible. Medicare eligible employees must complete TEFRA form at time of enrollment.

Billing Administrator: SEHP Data and Finance Team

Non State Groups will see their monthly statements on or before the 25th of each month in the **MAP HR portal** <https://sehp.hr.hrissuite.com/> under the **Billing tab** on the left side of the screen. Premium payments are to be paid online on this same tab. Non State Groups can set up a recurring payment, which will be drafted on the 8th of the month, or enter a one-time payment, which will be drafted the day it is entered or the day after, depending on what time of day it is entered. **All payments are due on or before the 8th of the month.**

Please contact Jen Derfler if you have questions regarding billing.

Email: Jen.Derfler@ks.gov

Phone: 785-368-6338

Eligibility Rules

1. Eligible employees for coverage under the SEHP include:
 - Educational group employees working 630 hours or more per year.
 - Public employees working 1,000 hours or more per year.
2. Eligible dependents include:
 - The employee's lawful spouse.
 - Children or stepchildren up to age 26.
3. Retirees of a participating group are eligible for coverage **if** they are covered by the Non State entity's health plan on the day before the group joins the SEHP.
4. Employees hired after the effective date of the group with the SEHP will be subject to a thirty (30) day waiting period before they are eligible to join the plan. New employees' coverage is effective the first of the month following the completion of the thirty (30) day waiting period.
5. Dependents may not be covered under more than one SEHP contract. This applies to all dependents covered under the SEHP regardless of whether they are covered under a state or Non State entity plan.
6. For newly hired employees enrolling in the SEHP, there is a thirty (30) day waiting period. Health plan coverage begins the first day of the month following completion of the thirty (30) day waiting period. The waiting period may be reduced or waived in accordance with K.A.R. 108-1-3 for educational entities and 108-1-4 for all other public employers. The request for a waiver of the waiting period must be submitted and approved by SEHP before an offer of employment is given.
7. The SEHP does not apply a waiting period for pre-existing conditions. Therefore, certificates of creditable coverage are not required.

NOTE: This is a sample of the eligibility requirements and is not intended to be all inclusive.

Rates

- **Employer (ER)** contribution rates are a monthly composite rate and are based on the coverage level but not the plan the member selects.
- The **Employer (ER)** contribution rates are based on the State's fiscal year and run from July 1 – June 30 each year.
- The **Employee (EE)** contribution rate will be based on the health plan and coverage level selected. Employees contributions are billed on a monthly basis.
- The **Employee (EE)** contribution rates are based on the SEHP's plan year, which runs January 1 – December 31.

Information Required by the State Employee Health Plan

The following information is to give the SEHP a benchmark. It will not be used to allow or disallow participation in the health plan:

- **FEIN Number** (Federal Employee Identification Number) for billing purposes only
- **List of all eligible employees and current enrollment by membership type** (single, single + spouse, single + child(ren) and family)
- **List of active employees who are also eligible for Medicare, as well as any COBRA participants.**

Waiting Period for New Groups

The standard timeframe SEHP prefers to be given is 90 days' notice from when a group would wish to be effective on benefits. Circumstances may prohibit that length of time from being possible and it may be possible to shorten the turnaround time between when a contract is executed between SEHP and a group and the group's effective date. We do require a letter of intent to be issued to SEHP reflecting the date of coverage agreed upon. Any exceptions to the 90 day waiting period would be done on a case by case basis.

Underwriting

The following requirements of the Plan are the rules of the program to ensure the best possible “spread of risk” and avoid adverse selection in order to achieve a reasonable premium for the health benefits offered.

Requirements for Non State Groups to Participate in the SEHP

Active Employees

- Employee and Employer contribution rates must be at least equal to the contribution of the State of Kansas for its own employees.
- Plan design and funding are not subject to negotiations.
- All employees are eligible who work a minimum of 1,000 hours per year, and 1,560 hours is considered full time. **For educational group employees those working a minimum of 630 hours are eligible, 1000 hours is considered full time.**
- The group must have and maintain SEHP enrollment of at least 70% of eligible employees.
- Employers may not create, maintain or provide incentives for employees not to join the SEHP. Covered groups are prohibited from providing cash out options.
 - Employees must be offered the choice of all SEHPs plan design options as well as all network vendor options.
- Must elect to participate for a minimum of three years/ five years if ramp up.
- Must provide the established contribution to HealthQuest (SEHP’s health promotion program), designate a contact person, and participate in HealthQuest initiatives.
- Employers must provide staff for enrollment, answer general information and provide first level assistance to participants.
- Employers must adhere to established administrative processes and procedures. The Administrative Manual is available on request.

Direct Bill Participants

Direct Bill Participants refers to retirees, COBRA participants and those on leave without pay.

- These participants may continue in the plan once active employment has ended for as long as the employer remains enrolled in the SEHP.
- For new Non State groups joining the SEHP, retirees must be covered under your current health plan to be eligible to be covered under the SEHP.
- All Direct Bill Participants must pay their premiums by bank draft.

Program Benefits For Plan Year 2020

Medical Benefits Summary

Network Providers	Plan A	Plan C	Plan J	Plan N	Plan Q
Annual Deductible	Single: \$1,000 E + 1: \$2,000 E +2+: \$3,000	Single: \$2,750* Family: \$5,500	Single: \$500 Family: \$1,000	Single: \$2,750* Family: \$5,500	Single: \$500 Family: \$1,000
Annual Coinsurance (% you pay)	20%	10%	25%	35%	50%
Out-of-Pocket Maximum (combined medical & pharmacy)	Single: \$6,250 Family: \$12,500	Single: \$5,500 Family: \$11,000	Single: \$7,350 Family: \$14,700	Single: \$6,650 Family: \$13,300	Single: \$6,650 Family: \$13,300
Lifetime Maximum	None	None	None	None	None
HRA or HSA Dollars	Not Applicable	HRA or HSA	HRA	HRA or HSA	HRA

Non network Providers	Plan A	Plan C	Plan J	Plan N	Plan Q
Annual Deductible	Single: \$1,200 E + 1: \$2,400 E + 2+: \$3,600	Single: \$2,750* Family: \$5,500	Single: \$1,000 Family: \$2,000	Single: \$2,750* Family: \$5,500	Single: \$700 Family: \$1,400
Annual Coinsurance (% you pay)	50%	50%	50%	50%	60%
Out-of-Pocket Maximum (combined medical & pharmacy)	Single: \$6,250 Family: \$12,500	Single: \$5,500 Family: \$11,000	Single: \$10,000 Family: \$20,000	Single: \$6,650 Family: \$13,300	Single: \$6,650 Family: \$13,300
Lifetime Maximum	None	None	None	None	None
HRA or HSA Dollars	Not Applicable	HRA or HSA	HRA	HRA or HSA	HRA

Medical Services	Plan A Network Provider	Plan A Non network Provider	Plans C, J, N, Q Network Provider	Plans C, J, N, Q Non network Provider
Autism Services (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Bariatric Surgery (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Not Covered	Deductible plus Coinsurance	Not Covered
Inpatient Services	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Emergency Room Visit	\$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Mental Health (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Physician Care Visits	Plan A Network Provider	Plan A Non network Provider	Plans C, J, N, Q Network Provider	Plans C, J, N, Q Non network Provider
PCP office visit	\$40 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	\$60 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Urgent Care	\$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Telehealth	\$10 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Preventive Care	Plan A Network Provider	Plan A Non network Provider	Plans C, J, N, Q Network Provider	Plans C, J, N, Q Non network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Exam	1st exam of year Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise deductible plus coinsurance	Covered in Full	Covered in Full to age six, otherwise deductible plus coinsurance

Caremark Prescription Drug Benefits: Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	Patient Responsibility You Pay
1	Generic Drugs	20% Coinsurance
2	Preferred Brand Name Drugs	40% Coinsurance
3	Special Case Medications	40% Coinsurance to a maximum of \$100 per standard unit of therapy / 30-day supply
4	Non Preferred Brand Name Drugs	65% Coinsurance
5	Discount Tier Medications	100% Coinsurance
6	Anticancer Oral Medications	20% Coinsurance to a maximum of \$100 per standard unit of therapy / 30-day supply
Value Based	Diabetes	Generic - 10% to a max of \$20/30-day supply Preferred brand - 20% to a max of \$40/30-day supply
Value Based	Asthma	Generic - 10% to a max of \$20/30-day supply Preferred brand - 20% to a max of \$40/30-day supply

Caremark Prescription Drug Benefits: Plan C, J, N and Q

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	Patient Responsibility After Deductible is Satisfied, You Pay
1	Generic Drugs	20% Coinsurance
2	Preferred Brand Name Drugs	40% Coinsurance
3	Non Preferred Brand Name Drugs	65% Coinsurance
4	Discount Tier Medications	100% Coinsurance
5	Anticancer Oral Medications	20% Coinsurance

Dental Benefits Summary

January 1 – December 31, 2020

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
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BENEFIT PAID (% PLAN PAYS)

ENHANCED BENEFIT			
Applies when you have had at least one routine cleaning and/or preventive oral exam in the past 12 months.			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%*
Implant Coverage	50%	50%	50%*
BASIC BENEFIT			
Applies when you have not had at least one routine cleaning and/or preventive oral exam in the past 12 months.			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

YOUR ANNUAL BENEFIT MAXIMUM

\$1,700 per member

YOUR DEDUCTIBLE

\$50 per person, per Plan Year
(Not to exceed a yearly family maximum of \$150)
Deductible does not apply to Diagnostic & Preventive Services

YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

50% Coinsurance up to \$1,000 per Member

*When dentists agree to become part of Delta Dental's PPO or Premier network, they agree to accept established fees for services, and cannot charge you the difference between the agreed-upon fee and their usual fee. Out-of-network dentists have not agreed to an established fee for service, therefore, any amounts in excess of Delta Dental's established fee for service is the member's responsibility when seeing an out-of-network dentist.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to your Benefit Booklet for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's agreement to provide dental benefits (contract) is binding on all parties and supersedes all other written or oral communications.

2020 SURENCY VISION BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Out-of-Network
Eye Exams: Subject to \$50 Copayment			
Eye Exam, M.D. or O.D.	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$38*
Eyeglasses: Subject to \$25 Materials Copayment			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45* Enhanced: Up to \$78*
Single Vision Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$31*
Bifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$51*
Trifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$64*
Lenticular Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$80*
Progressive Lenses, pair	Not Covered	Covered up to \$165*	Not Covered
High Index Lenses, pair	Not Covered	Up to \$116 retail*	Not Covered
Polycarbonate Lenses, pair	Up to \$40*	Covered in Full	Not Covered
Scratch Coat	Up to \$15*	Covered in Full	Not Covered
UV Coat	Up to \$15*	Covered in Full	Not Covered
Contact Lenses: Not Subject to Materials Copayment			
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Up to \$105*
When Medically Necessary	Covered in Full	Covered in Full	Up to \$105*
Contact Lens Exam Fitting Fee: \$35 Copayment			
Standard Contacts**	Covered in Full after Copayment	Covered in Full after Copayment	Not Covered
Specialty Contacts***	10% off Retail Price, minus \$55 allowance	10% off Retail Price, minus \$55 allowance	Not Covered
Frequencies			
Eye Exam	Covered once every calendar year.		
Frames	Covered once every calendar year.		
Frame Lenses	Covered once every calendar year unless contact lenses has been elected.		
Contact Lenses	Covered once every calendar year unless frame lenses has been elected.		

* You are responsible for any charges above the allowance.

** Standard contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical standard lens wearers include disposable, daily wear or extended wear lenses.

*** Specialty contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

Health Savings Account						
	Full-Time Employee			Part Time-Employee		
	Employee Only	Employee/ Spouse and Family	Employee/ Child(ren)	Employee Only	Employee/ Spouse and Family	Employee/ Child(ren)
IRS Maximum Total	\$3,550	\$7,100	\$7,100	\$3,550	\$7,100	\$7,100
Plan C Employer Contribution	\$250 per quarter \$1,000.00 year	\$312.50 per quarter \$1,250.00 year	\$437.50 per quarter \$1,750.00 year	\$156.30 per quarter \$625.20 year	\$171.90 per quarter \$687.60 year	\$296.90 per quarter \$1,187.60 year
Plan N Employer Contribution	\$125 per quarter \$500.00 year	\$156.25 per quarter \$625.00 year	\$218.75 per quarter \$875.00 year	\$78.15 per quarter \$312.60 year	\$85.95 per quarter \$343.80 year	\$148.45 per quarter \$593.80 year

Health Savings Account							
		Full-Time Employee			Part-Time Employee		
Plan		Employee Only	Employee/ Spouse and Family	Employee Child(ren)	Employee Only	Employee/ Spouse and Family	Employee Child(ren)
	IRS Maximum Total	\$3,550	\$7,100	\$7,100	\$3,550	\$7,100	\$7,100
PLAN C	Employee Bi-Weekly Payroll Deductions	\$25 to \$85.41	\$25 to \$202.08	\$25 to \$202.08	\$25 to \$101.03	\$25 to \$225.51	\$25 to \$225.51
PLAN C	Regent Academic Year Employee Payroll Deductions	\$25 to \$113.88	\$25 to \$269.44	\$25 to \$269.44	\$25 to \$134.71	\$25 to \$300.68	\$25 to \$300.68
PLAN N	Employee Bi-Weekly Payroll Deductions	\$0 to \$106.25	\$0 to \$228.12	\$0 to \$238.54	\$0 to \$114.05	\$0 to \$239.84	\$0 to \$250.25
PLAN N	Regent Academic Year Employee Payroll Deductions	\$0 to \$141.66	\$0 to \$304.16	\$0 to \$318.05	\$0 to \$152.07	\$0 to \$319.78	\$0 to \$333.67

When choosing your HSA payroll deduction amount, remember, as you earn HealthQuest reward dollars, they will be deposited to your HSA. HealthQuest rewards can be earned up to \$500 each year for employee, and up to \$500 each year for the spouse, for a possible total of \$1,000. These dollars count toward the annual maximum contributions to your HSA. To receive HealthQuest dollars you must have an active paycheck.

Important: You are responsible to ensure your HSA contributions do not exceed the maximum each year. Amounts in excess of the maximum limit will be subject to IRS penalties and additional taxes.

You may make adjustments to your HSA employee contributions at any time during the year by submitting a request to change your contribution amount in your Membership Administration Portal (MAP) account.

State Employees: Employer contributions are made to your account quarterly.

Non State Employees: Employer contributions are made monthly.

State and Non State New Employees: Employer contributions begin the calendar quarter following the benefit effective date of your coverage.

Health Reimbursement Account							
		Full-Time Employee			Part-Time Employee		
Plan		Employee Only	Employee/ Spouse and Family	Employee Child(ren)	Employee Only	Employee/ Spouse and Family	Employee Child(ren)
PLAN C	Employer Contribution	\$250 per quarter	\$312.50 per quarter	\$437.50 per quarter	\$156.30 per quarter	\$171.90 per quarter	\$296.90 per quarter
		Total \$1,000 year	Total \$1,250 year	Total \$1,750 year	Total \$625.20 year	Total \$687.60 year	Total \$1,187.60 year
PLAN N	Employer Contribution	\$125.00 per quarter	\$156.25 per quarter	\$218.75 per quarter	\$78.15 per quarter	\$85.95 per quarter	\$148.45 per quarter
		Total \$500 year	Total \$625 year	Total \$875 year	Total \$312.60 year	Total \$343.80 year	Total \$593.80 year
PLAN J	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned
PLAN Q	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned

A Health Reimbursement Account (HRA) is a tax-advantaged savings account available to you if you enroll in Plans C, J, N or Q. The State contributes to the HRA account on your behalf. You may use the money in your HRA to pay for eligible health expenses. When you earn HealthQuest rewards, you are eligible to receive contributions in your HRA. The HRA will end if you terminate employment, and does not have a rollover provision.

Employees who are not eligible to contribute to a Health Savings Account (HSA) because of one of the following reasons will need to elect the HRA option:

- Enrolled in Medicare A or B.
- Enrolled in TRICARE.
- Being claimed as a dependent on someone else's tax return.
- Concurrent enrollment in another health plan not considered a Qualified High Deductible Health Plan.

State Employees – Employer contributions are made to your account quarterly .

Non State Employees – Employer contributions are made to your account monthly.

If you have remaining HRA funds at the end of the plan year (December 31), the funds do not roll to the next year. Participants will have 60 days from December 31 to file manual claims for expenses incurred in the plan year. If you should terminate employment, you will have 60 days to file manual claims for any expenses incurred while employed for the plan year.

Note: New State and Non State employees, the Employer Contributions will begin the quarter following the benefit effective date.

For additional information visit http://www.kdheks.gov/hcf/sehp/HRA_NueSynergy.htm.

Employer Rates

Plan Year 2020 Monthly Rates for Non State Employers ** - Effective 1/1/2020

Monthly Rates for Non State Employers - Effective 1/1/2020										
Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Plan C HSA/HRA*	Plan N HSA/HRA*	2020 Delta Dental Employer	Surency	
	Employer	Employer	Employer	Employer	Employer	Employer Monthly HSA Contribution	Employer Monthly HSA Contribution		2020 Basic	2020 Enhanced
Full-Time										
Employee Only	\$697.60	\$614.27	\$697.60	\$655.94	\$697.60	\$83.33	\$41.66	\$47.47	\$0.00	\$0.00
Employee + Spouse	\$1,224.50	\$1,120.34	\$1,224.50	\$1,172.42	\$1,224.50	\$104.16	\$52.08	\$80.85	\$0.00	\$0.00
Employee + Children	\$1,224.50	\$1,078.67	\$1,224.50	\$1,151.59	\$1,224.50	\$145.83	\$72.91	\$80.85	\$0.00	\$0.00
Employee + Family	\$1,224.50	\$1,120.34	\$1,224.50	\$1,172.42	\$1,224.50	\$104.16	\$52.08	\$80.85	\$0.00	\$0.00
Part-Time										
Employee Only	\$545.30	\$493.20	\$545.30	\$519.25	\$545.30	\$52.10	\$26.05	\$35.89	\$0.00	\$0.00
Employee + Spouse	\$959.44	\$902.14	\$959.44	\$930.79	\$959.44	\$57.30	\$28.65	\$61.08	\$0.00	\$0.00
Employee + Children	\$959.44	\$860.48	\$959.44	\$909.96	\$959.44	\$98.96	\$49.48	\$61.08	\$0.00	\$0.00
Employee + Family	\$959.44	\$902.14	\$959.44	\$930.79	\$959.44	\$57.30	\$28.65	\$61.08	\$0.00	\$0.00
*Plans C and N are High Deductible Health Plans (HDHP) with a Health Savings Account (HSA) or Health Reimbursement Account (HRA). Part of the composite rate is split out into separate columns for Plan C and Plan N to cover the cost of the employer contribution into the HSA or HRA. For example, Employee Only Plan C in table 1 is \$614.27 for the insurance and \$83.33 for the HSA. Together, these amounts [\$614.27 + \$83.33] equal \$697.60, the same composite rate as charged for Plan A. The entire composite rate is sent to the SEHP, and the SEHP is responsible for sending the contributions to the HSA or HRA.										

Plan Year 2020 Monthly Rates for Non State Employers ** - Effective 7/1/2020

Monthly Rates for Non State Employers - Effective 7/1/2020										
Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Plan C HSA/HRA*	Plan N HSA/HRA*	2020 Delta Dental Employer	Surency	
	Employer	Employer	Employer	Employer	Employer	Employer Monthly HSA Contribution	Employer Monthly HSA Contribution		2020 Basic	2020 Enhanced
Full-Time										
Employee Only	\$729.00	\$645.67	\$729.00	\$687.34	\$729.00	\$83.33	\$41.66	\$48.98	\$0.00	\$0.00
Employee + Spouse	\$1,279.60	\$1,175.44	\$1,279.60	\$1,227.52	\$1,279.60	\$104.16	\$52.08	\$83.42	\$0.00	\$0.00
Employee + Children	\$1,279.60	\$1,133.77	\$1,279.60	\$1,206.69	\$1,279.60	\$145.83	\$72.91	\$83.42	\$0.00	\$0.00
Employee + Family	\$1,279.60	\$1,175.44	\$1,279.60	\$1,227.52	\$1,279.60	\$104.16	\$52.08	\$83.42	\$0.00	\$0.00
Part-Time										
Employee Only	\$569.84	\$517.74	\$569.84	\$543.79	\$569.84	\$52.10	\$26.05	\$37.04	\$0.00	\$0.00
Employee + Spouse	\$1,002.62	\$945.32	\$1,002.62	\$973.97	\$1,002.62	\$57.30	\$28.65	\$63.02	\$0.00	\$0.00
Employee + Children	\$1,002.62	\$903.66	\$1,002.62	\$953.14	\$1,002.62	\$98.96	\$49.48	\$63.02	\$0.00	\$0.00
Employee + Family	\$1,002.62	\$945.32	\$1,002.62	\$973.97	\$1,002.62	\$57.30	\$28.65	\$63.02	\$0.00	\$0.00
*Plans C and N are High Deductible Health Plans (HDHP) with a Health Savings Account (HSA) or Health Reimbursement Account (HRA). Part of the composite rate is split out into separate columns for Plan C and Plan N to cover the cost of the employer contribution into the HSA or HRA. For example, Employee Only Plan C in table 1 is \$614.27 for the insurance and \$83.33 for the HSA. Together, these amounts [\$614.27 + \$83.33] equal \$697.60, the same composite rate as charged for Plan A. The entire composite rate is sent to the SEHP, and the SEHP is responsible for sending the contributions to the HSA or HRA.										

Employee Rates

Non State Employee Rates for Plan Year 2020 - Effective 1/1/2020

Plan Year 2020 Monthly Rates for Non State Employees Effective 1/1/2020								
Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2020 Basic	2020 Enhanced
Full-Time								
Employee Only	\$82.22	\$70.72	\$111.92	\$49.72	\$55.98	\$12.58	\$3.68	\$7.24
Employee + Spouse	\$498.24	\$273.00	\$340.46	\$188.42	\$209.74	\$30.70	\$7.22	\$14.30
Employee + Children	\$256.56	\$136.68	\$194.56	\$94.16	\$104.08	\$27.08	\$6.52	\$12.90
Employee + Family	\$889.48	\$470.14	\$583.55	\$335.92	\$396.94	\$45.20	\$10.06	\$20.00
Part-Time								
Employee Only	\$247.70	\$110.02	\$139.62	\$74.34	\$83.68	\$22.68	\$3.68	\$7.24
Employee + Spouse	\$775.78	\$354.66	\$398.98	\$241.00	\$268.28	\$45.50	\$7.22	\$14.30
Employee + Children	\$418.84	\$187.72	\$231.86	\$127.90	\$141.38	\$40.92	\$6.52	\$12.90
Employee + Family	\$1,238.88	\$565.42	\$665.30	\$405.08	\$478.68	\$63.86	\$10.06	\$20.00